## TOWN OF WOODSTOCK

## Application for Boards & Commissions

Name:					Date:	
Occup	ation:					
Resider	nce Address:_					
Mailing	g Address:					
Phone	Number:	Home:	B	usiness:		
E-Mail	Address:					
1.	How long ha	ve you lived in Wo	odstock?	**************************************		
2.	Are you a reg	ristered voter of the	e Town of Wood	lstock?	Yes	No
	What is you	r party affiliation?	(Circle one) Re	epublican	Democrat	Unaffiliated
3.	Which Board	or Commission ap	ppointment are y	ou seeking?		
h. '	Why are you seeking appointment to this Board or Commission?					
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. Wha	at is your expe	rience or knowled				
				9440,44,00,004,44,440,440,440,440,440,44		
Phone in E-Mail  1.  2.	Number: Address: How long ha Are you a reg What is your Which Board Why are you	Home: ve you lived in Wo sistered voter of the r party affiliation: or Commission ap	oodstock?e Town of Wood (Circle one) Repointment are year	lstock? epublican ou seeking? or Commiss	Yes Democrat	No Unaffiliated

6.	State your philosophy in regard to this Board or Commission.
7.	Boards and Commissions meet a minimum of 12 times per year. Therefore, it is required for all members to be in attendance to insure a quorum. Are you able to devote this amount of time? YesNo
8.	Have you attended any meetings of the Board or Commission for which you are seeking an appointment? YesNo
9.	Would there be a possible conflict of interest if you were appointed to this Board or Commission? YesNo
	If yes, please explain:
10.	Have you ever come before or dealt with the Board or Commission to which you are seeking appointment? YesNo
	If yes, please explain:
11.	Have you ever served on a local government Board or Commission in this or any other town?  YesNo
	If yes, please explain:
12.	If no openings exist on the Board or Commission to which you are seeking appointment, would you accept an alternate Board or Commission? YesNo
	If yes, which Board or Commission?
Please Questi	Return to: First Selectman, 415 Route 169, Woodstock, CT 06281 ons: 860-928-0208, x310